

MAY 26 2005

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TO:	Examiner Jason H. Johnsen	FROM:	SHELLY GUEST CERMAK
FAX:	703.872.9306	REF. NO:	US-169
VOICE:		PAGES	17 (incl. this sheet)
App. No.:	10/808,536	DATE:	May 26, 2005

The undersigned hereby certifies that the following document(s) is (are) being transmitted by telefacsimile to the United States Patent and Trademark Office at the above "FAX" number, on the above DATE:

- 1) This Facsimile Cover Sheet (1 page)
- 2) Amendment Transmittal Cover Sheet (2 pages)
- 3) Amendment and Response Under 37 C.F.R. § 1.111 (6 pages)
- 4) Partial English Translation of JP 8-27008 cited in Office Action (8 pages)



Shelly Guest Cermak
Registration Number 39,571

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Shelly Guest Cermak
Registered U.S. Patent Attorney
cermaks@ajiusa.com

Cermak & Kenealy, LLP
515 E. Braddock Road, Suite B
Alexandria, VA 22314
703.778.6608

CERMAK | KENEALY LLP

AN INTELLECTUAL PROPERTY MICROBOUTIQUE™ LAW FIRM

Shelly Guest Cermak
+1 703 778 6608 (V)
+1 703 652 5101 (F)
cermaks@ajiusa.com

515-B E. Braddock Road
Alexandria, VA 22314 USA

May 26, 2005

Box Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

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MAY 26 2005

In re application of: Kurauchi et al.
Application. No.: 10/808,536
Filing Date: March 25, 2004
Atty. Docket No. US-169
Title: INOSINE L-ARGININE SALT AND USES THEREOF

Sir:

Transmitted herewith is an Amendment in the above-identified application. Please find enclosed:

- ☒ Amendment and Request for Reconsideration: 6 pages.
☐ Petition for Extension of time from the Office Action, mailed _____, _____ months to _____ : _____ pages.
☐ Information Disclosure Statement: _____ pages.
☐ PTO-1449: _____ pages.
☐ _____ cited references.
☐ PTO-2038 Credit Card Payment Form (fee calculated as shown below): _____ pages.
☒ Other: Partial English Translation of JP 8-27008 cited in Office Action (8 pages).
☐ A fee is required, as calculated below:

	(Col. 1)		(Col. 2)	(Col. 3)
	<i>Claims Remaining After Amendment</i>		<i>Highest No. Previously Paid For</i>	Extra
Total		minus	20	
Indep.		minus	3	
<input type="checkbox"/> First Presentation of Multiple Dependent Claims				

SMALL ENTITY		or	LARGE ENTITY	
<i>Rate</i>	<i>Fee</i>		<i>Rate</i>	<i>Fee</i>
x \$25 =	\$	or	x \$50 =	\$
x \$100 =	\$	or	x \$200 =	\$
+ \$180=	\$	or	+ \$360 =	\$
Total	\$	or	Total	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

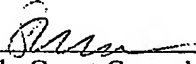
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Please accept payment of the above-calculated fees, and any extension of time fees, or any IDS fees by the following payment method:

- ☐ Please charge Deposit Account No. 50-3077 in the amount of \$.
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- ☐ the credit account identified in PTO-2038.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,


Shelly Guest Cermak
Reg. No. 39,571

U.S. P.T.O. Customer No. 38108

Cermak & Kenealy, LLP
515 E. Braddock Road, Suite B
Alexandria, VA 22314
703.778.6608

Date: May 26, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kurauchi et al.

Application No.: 10/808,536

Filing Date: March 25, 2004

For: INOSINE L-ARGININE SALT AND
USES THEREOF

Art Unit: 1623

Examiner: Johnsen, Jason H.

Attorney Ref. No.: US-169

VIA FACSIMILE TO: 703 872 9306

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MAY 26 2005

AMENDMENT AND RESPONSE UNDER 37 C.F.R. § 1.111

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated March 15, 2005, which set a 3-month shortened statutory period for response thereto, please amend the above-captioned patent application as follows.

Amendments begin on page 2.

Remarks begin on page 4.